

Washington State Department of Health State Centennial Accord Plans

November 13, 2001

As mandated in the *Centennial Accord*, the Department of Health has developed and implemented its *Centennial Accord Plan*. The following information identifies the key components of phase I of the *Centennial Accord Plan*. This information documents existing program, systems and processes available to tribes.

The basic policy and guidance included in the Government-to-Government Implementation Guidelines were used in the development of these Plans.

The opportunity for “state and tribal officials” to jointly review, discuss and determine future issues for inclusion to this plan will be accomplished in phase II.

1) A LIST OF PROGRAMS AND/OR SERVICES AVAILABLE TO TRIBES

A. *Health Systems Quality Assurance (HSQA) - Office of Community and Rural Health (OCRH)*

1. Health System Resources Grants are available to all Tribes and usually include at least one tribe per biennium.
2. All programs and services within the OCRH are available to tribes. Programs include; Health Professional Shortage Area Designation and Recruitment and Retention services.
3. Services provided through our Primary Care Office (PCA) are also provided to tribes. This assistance includes placement of (some) providers at tribal clinics, an example is placement of a J-1 Visa physician to provide (some) service at the Lower Elwha clinic. The PCA Manager has been involved in discussions with Spokane and Kalispel about health services needs.
4. The office has been responsible for the development of the American Indian Health Care Delivery Plan since 1997. Updates to the plan were made in 1999 and are now being finalized for 2001. Plan updates are being done through the American Indian Health Commission, with whom the OCRH contracts.
5. Tribal clinics are also on the Loan Repayment of Scholarship site list.

B. *Community & Family Health (CFH)*

1. Office of Health Promotion Prevention Grants
 - a. Tobacco Prevention and Cessation Grants funded through federal Preventive Health Block Grant funds.
 - b. Recipients: Puyallup Tribal Health Authority and the Stillaguamish Tribe of Indians.
 - c. Funds: \$25,000 per Tribe for up to 5 years (1/00 through 12/04).
 - d. Services: provide program consultation and training on “best practice” interventions, community mobilization, and program planning and evaluation.
2. H.E.R.E. in Washington
 - a. Health Education Resource Exchange; a web site of clearinghouse of people projects, tools, and materials for community health professionals in Washington. The clearinghouse is funded through the federal preventive health block grant funds.
3. HIV Early Intervention Program
 - a. Department of Health (DOH) pays for medical care, prescription drugs, and other services for low-income persons with HIV infection through the HIV Early Intervention Program. Any HIV-positive person in Washington who meets the financial eligibility criteria is eligible. For information about the program or enrollment, call 877-376-9316.
 - b. HIV Early Intervention Program services are provided by clinics and pharmacies that accept the DOH reimbursement rates. Any eligible client may go to any contracted clinic for care. Some tribal clinics currently contract with DOH. Participation by all tribal clinics is welcomed.
 - c. DOH cannot pay for a specific service if another payer (Medicaid, Veterans Administration, Indian Health Service) pays for that service for an eligible client ("payer of last resort").
 - i. Local HIV Care Consortia
 - Federal grant funds through the Ryan White CARE Act are awarded to communities in Washington that have formed "consortia" to provide coordinated and comprehensive health care to persons with HIV.
 - Tribes are eligible to join consortia in their communities or could form separate consortia to serve areas or populations not covered by existing consortia.
 - Ryan White CARE Act funds for consortia are distributed by DOH. For information, contact DOH HIV Client Services at 877-376-9316.
 - ii. Community Clinic Funding for HIV Care
 - The federal Health Resources and Services Administration (HRSA) awards grants to public, tribal, or nonprofit health care facilities that serve persons with HIV.

- Funds are awarded directly from HRSA and do not pass through DOH. DOH staff can refer interested persons to the appropriate federal agency staff. Contact DOH HIV Client Services at 877-376-9316.

4. HIV Prevention Program

- The HIV Prevention program through the regional AIDSNET structure funds local health jurisdictions and community AIDS services organizations to provide a variety of HIV counseling and testing and health education risk/reduction prevention interventions.
- Urban and tribal American Indians are targeted based on their risk behaviors (e.g., men who have sex with men, injection drug users). For example, 839 American Indians/Alaskan Natives received HIV counseling and testing at publicly funded sites in 2000.
- Federal HIV prevention grant requirements include developing a community HIV prevention plan that identifies and prioritizes needs. Tribes should become actively involved in the planning process at the regional level to insure their local concerns and needs for HIV prevention are recognized.

5. Community Wellness and Prevention

- Car Seat Check Up Events and Safety Fairs
 - Currently local SAFE KIDS Coalitions provide car seat check up events and injury prevention safety fairs for all members of their communities. Some of these communities include tribes.
- The WIC Program is currently available to the tribes. For program description, see attached.
- The Youth Suicide Prevention Program sponsored training in youth suicide prevention, which was made available to tribes and communities throughout Washington. Two tribes had participants attend the training.

C. *Epidemiology, Health Statistics and Public Health Laboratories*

Activities and services provided to tribes include:

1. Center for Health Statistics

- Staff of Tribal Clinics may receive a copy of Vista/PH with DOH data for the use in assessing the health of the population they serve, especially focused on Tribal Health concerns. They will receive Vista/PH after attending Vista/PH training as part of an interagency arrangement with the DOH. Tribal Health Clinics may not use VISTA/PH or the data therein for other projects or projects for other institutions.
- Certification on death certificates, are accepted from tribes that have appointed a coroner.
- Court orders from tribal courts are accepted as the equivalent of superior court orders. Legal name changes, paternity, and adoptions are among the cases that are addressed.

- d. Marriage and divorce certificates are accepted from tribal authorities as independent entities. We require that our forms be used and a current point of contact at the tribal office is provided.
 - e. Births and deaths occurring on tribal lands are recorded/filed in the county where they take place.
 - f. On request, we can supply some missing parent date-of-birth information from birth records to a tribal health clinic thru a data sharing agreement.
2. Non-Infectious Conditions Epidemiology
- a. Epidemiology services are available to all tribes, the general public, agencies and organizations.
 - b. Clusters reports from tribes are responded to as those from public entities. An example is the continued work with the Shoalwater Bay Indian Tribe to resolve concerns about adverse pregnancy outcomes.
 - c. The Communicable Disease Section of the Office of Public Health Laboratories (PHL)
 - i. Serves as both a clinical and as a reference laboratory resource in the state of Washington.
 - ii. Overall, the PHL provides laboratory support services to state-level program offices, local health jurisdictions and private hospitals and laboratories, as well as private physicians and community health organizations.
 - iii. Several tribal organizations in Washington State also utilize the services of the PHL on a regular basis.
 - iv. By providing ongoing surveillance information to the State Office of Epidemiology, local health jurisdictions and, at the national level, the Centers for Disease Control and Prevention (CDC), the PHL helps to monitor the levels of communicable disease in our state.
 - v. Another important part of the PHL's mission is providing laboratory support in response to outbreaks of infectious disease. Areas of specialty within the PHL include: sexually transmitted disease (Syphilis, Chlamydia, HIV, Gonorrhoea and Herpes), foodborne disease (*Salmonella*, *Shigella*, *Campylobacter*, *E. coli* O157:H7, etc), reference bacteriology, virology (influenza and other respiratory viruses, rabies, measles, etc.) and methods development.
 - d. Newborn Screening Program
 - i. Screening of newborns to detect certain disorders that will lead to severe disability or death if not detected and treated before the onset of symptoms.
 - ii. Disorders currently included are congenital hypothyroidism, phenylketonuria (PKU), congenital adrenal hyperplasia (CAH) and hemoglobinopathies such as sickle cell disease.
 - iii. Monitoring and matching of recorded births to specimens received to assure access to appropriate screening. Follow-up of any non-normal screening results to assure appropriate medical response.

- iv. Access to partially subsidized specialty care and evaluation services for affected infants. The program also provides centralized distribution of essential treatment products for those affected by PKU.
- e. Environmental Lab Sciences
 - i. The Biotoxin Laboratory of the Office performs testing of shellfish samples for biotoxins by request from the Shellfish Program, which may originate from tribal owned shellfish beds.
 - ii. Some of these tests are covered by Shellfish Quality General State Funds and some of them are done on a fee-for-service basis.
 - iii. The Radiation Laboratory performs radiochemical tests of environmental samples by request from the State Environmental Radiation Monitoring Program. Tribes concerned usually initiate these requests with potential exposure to radiation through consuming drinking water from wells, produce, or wildlife.
 - iv. Expenses for performing these tests are covered by Radiation State General funds or charged to the tribes.

D. Environmental Health

1. Food Safety and Shellfish Programs
 - a. The Washington State Department of Health employs a well-qualified individual who assists the tribes in matters of public health and shellfish sanitation. This person coordinates regular meetings to discuss shellfish sanitation matters of concern, exchanges information and knowledge, and identifies and implements mechanisms to further the intergovernmental approach.
 - b. The State of Washington supports separate tribal representation in the Interstate Shellfish Sanitation Conference (ISSC) and other intergovernmental organizations involved in the development of shellfish sanitation standards, data, training or information.
 - c. The tribes agree that the performance criteria and other satisfactory compliance provisions of the National Shellfish Sanitation Program (NSSP) Guide for the Control of Molluscan Shellfish aka Model Ordinance, currently in effect, or as subsequently adopted, shall govern their treaty shell fishing activities.
 - d. DOH and tribes continue to identify certain elements of the NSSP Model Ordinance that require agreed upon approaches to implement. Growing areas are classified and certified according to criteria set out in the NSSP Model Ordinance. Plans, procedures, and training for water sampling, shoreline surveys, monitoring, and other investigative work related to classification, reclassification, restoration, or monitoring of growing areas, and shellfish processing, subject to tribal activities are jointly developed and agreed upon by the state and the tribes.

E. *Other Assistance*

1. HIPAA Standards

- a. The federal requirements for standardizing the language and format of health care transactions applies to any organization, public or private, that functions as a payer, provider, or clearinghouse.
- b. Tribal health entities and HIS are required to comply with HIPAA, as are private providers and health plans and a number of state and local government programs.
- c. The Department of Health has provided education and training opportunities to inform tribes about the federal requirements and their responsibilities, and has established mechanisms to allow for sharing of information on the regulations.
- d. DOH will continue to provide information and education, and will inform tribes of agency decisions on HIPAA as they are made.

II. FUNDING DISTRIBUTION-LIST OF FUNDING DISTRIBUTION METHODS CURRENTLY AVAILABLE TO TRIBES

A. *Health Systems Quality Assurance*

Office of Community and Rural Health (OCRH)

1. No separate or different funding available for tribes - see above.

B. *Community and Family Health*

Office of Health Promotion

1. Recipients of the Prevention Grants were selected through a RFP process. Washington Tribes and Local Health Jurisdictions are eligible.
 - a. HIV Early Intervention Program
 - i. Local HIV care consortia funding is distributed by planning bodies in each AIDSNET region based on demonstrated need. The process is described in the Ryan White CARE Act.
 - b. Community clinic funding
 - i. Funding for HIV care is distributed through an annual competitive process conducted by the federal government.
 - c. HIV Prevention Program
 - i. State law (RCW 7.24.400) requires that community level HIV prevention funds be allocated through the regional AIDSNET system. Regional coordinators and counties served are:

<u>Region</u>	<u>Name</u>	<u>Phone</u>	<u>Counties Served</u>
1	Barry Hilt	509-324-1551	Adams, Asotin, Columbia, Ferry, Garfield, Lincoln, Okanogan, Pend Orielle,

2	Wendy Doescher	509-249-6503	Spokane, Stevens, Walla Walla, Whitman Benton, Chelan, Douglas, Franklin, Grant, Kittitas, Klickitat, Yakima
3	Alex Whitehouse	425-339-5211	Island, San Juan, Skagit, Snohomish, Whatcom
4	Karen Hartfield	206-296-4649	King
5	Mary Saffold	253-798-4791	Kitsap, Pierce
6	Suzanne Hidde	360-664-0796	Clark, Clallam, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Skamania, Thurston, Wahkiakum.

d. Community Wellness and Prevention

- i. Local SAFE KIDS receive funding from local source for the activities that they are involved in. Some funding for child passenger safety comes from federal funds through the Washington Traffic Safety Commission and corporate funds from General Motors from National SAFE KIDS Campaign in the form of grants for specific events. For more information contact Mary Borges, Coordinator, Washington SAFE KIDS Coalition at 360-236-3606.
- ii. The current WIC Program distribution model for providing funding is \$104 per client per year. Additional one time funding is often provided, depending on availability.
- iii. Youth Suicide Prevention Program, no funding is available through this program.

C. *Epidemiology (Epi), Health Statistics and Public Health Laboratories*

1. Newborn Screening Program

- a. This program distributes funds to contracted specialty care clinics as partial subsidy to assure access and services to those who need them.

D. *Environmental Health*

1. Food Safety and Shellfish Programs

- a. The state funds an individual for the purpose of assisting the tribes in developing expertise in matters of public health and shellfish sanitation.

**III. Definitions-Detailed definitions of relevant terms as they apply to agencies
Community and Family Health (CFH)**

A. *Office of Health Promotion*

1. HIV Early Intervention Program

- a. "HIV Early Intervention" means providing treatment for HIV disease before a person becomes disabled. Early treatment can help many patients live longer and healthier lives.
2. Community Wellness and Prevention
 - a. WIC Services are a part of the non-consolidated contract, and the terms of the program are spelled out in the contract.

B. Epidemiology, Health Statistics and Public Health Laboratories

1. Congenital hypothyroidism: Defects in the production of thyroid hormone in the newborn. If untreated, results in mental and physical disability.
2. Phenylketonuria (PKU): Inability to process the amino acid phenylalanine which is found in all protein. Untreated it results in mental retardation.
3. Congenital adrenal hyperplasia (CAH): Defect in the production of the steroid hormone cortisol and, frequently, hormones involved in the retention of salt in the body. Untreated, it can result in severe illness or death, masculinization, early puberty, and short body stature.
4. Hemoglobinopathies such as sickle cell disease: Abnormalities in the structure or production of hemoglobin that results in clinical manifestations. If not treated, children with sickle cell disease are at significant risk of overwhelming infections and death. Other hemoglobinopathies have varying degrees of health implications.

IV. Consultation Process-Procedures (including policy development, program development and implementation of funds distribution)

A. Health System Quality Assurance (HSQA)

1. Office of Community and Rural Health (OCRH)
 - a. We invite representatives from tribes to help with our grant review process. The contract with the American Indian Health Commission supports the development of policy between the tribes and state government, as well as with some federal partners.

B. Community and Family Health (CFH)

1. Office of Health Promotion
 - a. The Office of Health Promotion serves as a consulting group on health education and health promotion strategies.
 - b. Staff is available to provide consultation to Tribes on a variety of topics including designing behavior change and awareness campaigns, conducting formative research, developing and testing effective health

education materials, and planning and evaluating health education programs.

2. HIV Early Intervention Program
 - a. Within DOH, the HIV Client Services program can provide consultation about how to apply for federal or state funding for HIV care services. The program can also provide referrals to the University of Washington and other resources to assist with clinical issues related to providing medical care for persons with HIV.
3. HIV Prevention Program
 - a. Contact: John Peppert, Manager, HIV Prevention and Education Services, PO Box 47840, Olympia, WA., 98504. By phone at 360-236-3472, and email at john.peppert@doh.wa.gov.
4. Community Wellness and Prevention
 - a. WIC Program
 - i. State WIC staff is available for consultation, on-site visits and other technical assistance.
 - b. Youth Suicide Prevention Program
 - i. Consultation on youth suicide prevention is available to all tribes and communities upon request at no charge.

C. *Epidemiology (Epi), Health Statistics and Public Health Laboratories*

1. Provides technical assistance to tribes. An example is our continued data sharing efforts with the Northwest Portland Area Indian Health Board (Nwaihb). Data from the cancer registry is shared and technical assistance is provided to the Nwaihb in reviewing documents and providing data for health assessments.
2. We have also provided technical assistance to several tribes conducting special studies, such as fish consumption studies.
3. The Communicable Disease Section of the Office of Public Health Laboratories (PHL).
 - a. To ensure the highest quality of laboratory testing, the PHL also provides consultation on the proper methods for collection and transport of laboratory specimens.
 - b. Training in laboratory methods is provided for laboratorians in need of specialized education. This training is often tailored to fit the specific needs of the individual through one-on-one learning opportunities.
4. Newborn Screening Program
 - a. These services are provided to all children born in Washington. The State Board of Health has statutory authority to determine the disorders to be

screened and develop regulations necessary to achieve the goals of preventing severe illness due to these disorders. Consultation is directly sought through the procedures of the Board and is open through the processes of the Department of Health.

D. Environmental Health

1. Food Safety and Shellfish Programs
 - a. The state provides technical assistance to tribes wishing to increase their expertise in matters of public health and shellfish sanitation.
 - b. The tribes and the state meet regularly to discuss shellfish sanitation matters of concern, exchange information and knowledge, and identify and implement mechanisms to further their cooperative intergovernmental approach, consistent with the Agreement.

V. DISPUTE RESOLUTION PROCESS-DESCRIBES DISPUTE RESOLUTION PROCESSES AND OUTLINES WHEN PARTICULAR PROCESSED MAY BE USED

A. Community and Family Health

1. Office of Health Promotion
 - a. None.
2. HIV Early Intervention Program
 - a. Federal- and state-funded community agencies providing care to persons with HIV have grievance procedures agencies may use. The DOH HIV Early Intervention Program utilizes the administrative hearings process as described in Chapter 246-130 Washington Administrative Code. Disputes related to funding decisions made by the federal government are handled by the federal agency awarding the funds.
3. HIV Prevention Program
 - a. Not applicable at the program level.
4. Community Wellness and Prevention
 - a. WIC Program
 - i. Dispute resolution for the WIC Program is outlined in the boilerplate of the non-consolidated contract.
 - b. Youth Suicide Prevention Program
 - i. The Youth Suicide Prevention Program sponsored training in youth suicide prevention, which was made available to tribes and communities throughout Washington. Two tribes had participants attend the training.

B. Epidemiology, Health Statistics and Public Health Laboratories

1. Non-Infectious Conditions Epidemiology
 - a. Dispute resolutions process is the same with tribes as with Local Health Jurisdictions (LHJ's).
2. Newborn Screening Program
 - a. There has never been any dispute with the tribes over these services, however, if there were, they would be resolved through the general processes developed by the Department of Health and the Board of Health

C. Environmental Health

1. Food Safety and Shellfish Programs
 - a. The state and the tribes have agreed that three kinds of disputes potentially may arise from the implementation of the Agreement;
 - i. Those involving legal issues such as determinations of jurisdiction or interpretation of state or tribal law or of the Agreement;
 - ii. Those involving the interpretation of NSSP Model Ordinance compliance standards; or
 - iii. Those involving the administration of shellfish sanitation programs and of the Agreement, both through the development of policies and through the application of regulatory standards in case specific situations.

The Agreement has established four means for Dispute Resolution:

- The state and tribes shall each appoint one individual having experience in public health and shellfish sanitation, to form the Dispute Resolution Committee. At the time of submission of a matter to dispute resolution, the state and the tribes shall each identify a qualified member.
- The decision of the committee shall be by consensus and binding upon the state and tribes. The state or affected tribe(s) may seek federal court review of any legal issues that remain unresolved.
- In the event consensus is not reached, the state and/or affected tribe(s) may request FDA, within fifteen days after conclusion of the committee process, to provide technical assistance to resolve the matter. And;
- If within ten days after FDA receives the request, FDA has not provided such technical assistance, any party to the dispute resolution proceeding may invoke the master expert procedure.
- Any party to the dispute may also invoke the master expert procedure when consensus has not been reached either prior to or following the provision of technical assistance by FDA.